	Declaratio	n for U.S. Pate	ent Application					
As a below nam	ned inventor, I hereby declare that	at:						
My residence, p	ost office address and citizenshi	p are as stated below next t	o my name.					
DISPOSABLI IATROGENIC	ne original, first and sole inventor below) of the subject matter when E SYRINGE DEVICE AUX INFECTION THROUGH Note that the state of which is attached hereto unless the state of the state	nich is claimed and for which ILLIARY UNIT FOR I EEDLE		oint inventor (if plural ion entitled				
	was filed on as United States Application Number or PCT Inte Number and was amended on							
I hereby state th amended by any I acknowledge t Regulations, § 1 I hereby claim for inventor's certifit	at I have reviewed and understary amendment referred to above. the duty to disclose information v56. the discrete information v56. the discrete information v56.	which is material to patenta tle 35, United States Code, identified below any foreign	e-identified specification, including bility as defined in Title 37, Code \$ 119 (a) - (d) of any foreign application for patent or inventor	g the claim(s), as of Federal				
a ming date bett	g date before that of the application for which priority is claimed. Priority Claimed							
(List prior foreign applications. See note A)	2001–189973 (Number)	JAPAN (Country)	(Day/Month/Year Filed)	X Yes _ No				
	(Number)	(Country)	(Day/Month/Year Filed)	_ Yes _ No				
	(Number)	(Country)	(Day/Month/Year Filed)	Yes No				
	(Number)	(Country)	(Day/Month/Year Filed)	Yes No				
(See note B)	See attached list for addition	nal prior foreign application	os					
provided by the f material to paten	r of each of the claims of this ap first paragraph of Title 35, Unite	plication is not disclosed in d States Code, § 112, I ack ode of Federal Regulations.	United States application(s) listed in the prior United States application mowledge the duty to disclose inforces § 1.56 which became available b is application.	on in the manner ormation which is etween the filing date				
(List prior U.S. Applications)	(Application Serial No.)	(Filing Date)	Patented Pend	ling Abandoned				
	(Application Serial No.)	(Filing Date)	Patented Pend	ling Abandoned				
	(Application Serial No.)	(Filing Date)	Patented Pend	ling Abandoned				
	(Application Serial No.)	(Filing Date)	Patented Pend	ling Abandoned				

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

23850
PATENT TRADEMARK OFFICE

Please direct all communications to the following address:



DATENT TO A DEMANDE OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18 of the United States Code, § 1001 and that such willful false statements my jeopardize the validity of the application or any patent issued thereon.

(See note C)	Full name of sole or first inventor (given name, family name) Koichiro ABE										
	Inventor's Signature	. Ho	churce	gho	7	Date	8th.	Oct	2001		
	Residence Shin								,		
	Post Office Addres				•						
				, 0							
	Full name of second inventor (given name, family name)										
	Inventor's Signature	;				Date _					
	Residence				_ Citizenship						
	Post Office Address	3									
	Full name of third i	nventor (s	riven name. fa	mily name)							
	Inventor's Signature	·-		•							
	Residence										
	Post Office Address				_ Chazonsinp						
	Full name of fourth	inventor	(given name, t	family name)							
	Inventor's Signature					Date _					
	Residence				_ Citizenship						
	Post Office Address	3									
	Full name of fifth in	nventor (g	iven name, far	mily name)							
	Inventor's Signature										
	Residence										
	Post Office Address				_						
	Full name of sixth i	inventor (s	given name. fa	mily name)							
	Inventor's Signature										
	Residence				_ Citizenship						
	Post Office Address	5									